

Opportunity Grant Application

Organization	
Address	
Administrator	
Project Lead	
Phone	
Email	

These funds would:

Establish a new project

Enhance an existing project

Organization Information

Explain or state the mission and vision of your organization:

Review the mission and vision of the Tobacco Prevention Program (located in the Appendix), then explain the relationship between your organization's mission and vision, the proposed project, and the mission and vision of the Tobacco Prevention Program:

Briefly describe your organization's previous experience in Tobacco Prevention:

Organization has received funding from the Tobacco Prevention Program in the past

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Project Information

Project Title:

What is the goal of the project?

Who will benefit from the project?

Is the project sustainable? If so, how?

How will you know when the project has been a success?

Project Description (Attach separate sheet(s) if necessary):

Itemized Budget (Attach separate sheet(s) if necessary):